



# More Coverage, Same Care

Colorado Health Access Survey Examines Reasons  
Why a Third of Coloradans Don't Go to the Dentist

**FEBRUARY 2022**

## Introduction

Colorado has struggled to translate gains in dental insurance coverage to improvements in use of care. New data from the 2021 Colorado Health Access Survey reveal four leading factors that account for the use of oral health care.

- The COVID-19 pandemic interrupted a short-lived improvement in the use of oral health care by Coloradans.
- Challenges accessing dental care remain despite gains in dental insurance coverage.

- Oral health use varies across the lifespan, with very young children and adults using services the least.
- Racial and ethnic disparities continue to affect dental care utilization among communities of color.

This brief illustrates challenges to access and use of oral health care and proposes both questions and actions for policymakers and stakeholders interested in advancing oral health equity in Colorado.

The following findings come from the Colorado Health Access Survey (CHAS) and provide insight into oral health utilization trends and barriers.

# Findings

## The rate of Coloradans not visiting an oral health provider dropped in 2019, but levels returned to historic trends in 2021.

Three in four (74%) Coloradans reported seeing a dentist or dental hygienist in 2019, the highest rate of utilization captured by the Colorado Health Access Survey (CHAS), which has been administered since 2009. However, the ongoing coronavirus pandemic caused rates to revert to where they had been for the past decade, with about two in three people (67%) getting oral health care in 2021.

The decrease in oral health care use since 2019 can be linked to COVID-19 hesitancy and dental office closures. About one in four (23%) Coloradans who did not get dental care in the past year reported it was because they feared catching COVID-19, and 17% said their dental office was closed due to COVID-19. At the start of the pandemic in the spring and summer of 2020, more than 80% of public and private dental practices reported providing fewer services than normal, according to a 2020 survey.<sup>1</sup> Many dental practices (90%) began practicing teledentistry during the pandemic, but only 33% of public practices and 17% of private providers plan to offer these services after the pandemic subsides.<sup>2</sup>

These findings raise questions: Did the backslide of oral health care utilization occur because of the COVID-19 pandemic? Or was 2019 an anomaly, and structural challenges are blocking access to care for a third of Coloradans?

### Actions to consider:

- Bolster Colorado’s teledentistry infrastructure beyond the pandemic by ensuring all Coloradans have broadband access, that payment models are

conducive to teledentistry services, and that dental staff are trained and confident in providing care virtually.

- Use Colorado’s existing dental workforce in a broader variety of care settings, such as community based-sites, school-based health centers, and teledentistry.

## Expansions in dental insurance coverage have not led to increases in utilization.

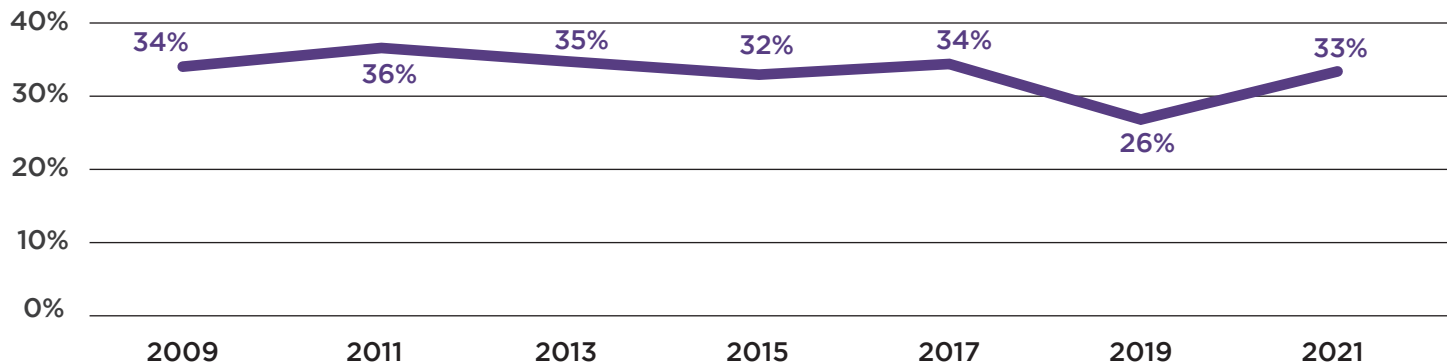
More Coloradans reported having dental insurance in 2021 than a decade ago. While dental coverage has increased from 63% to 77% since 2009, those gains are not reflected in oral health care utilization, especially among people enrolled in Medicaid.

Medicaid enrollees reported two main barriers to getting needed oral health care: finding providers who are accepting new patients and understanding their dental benefits.

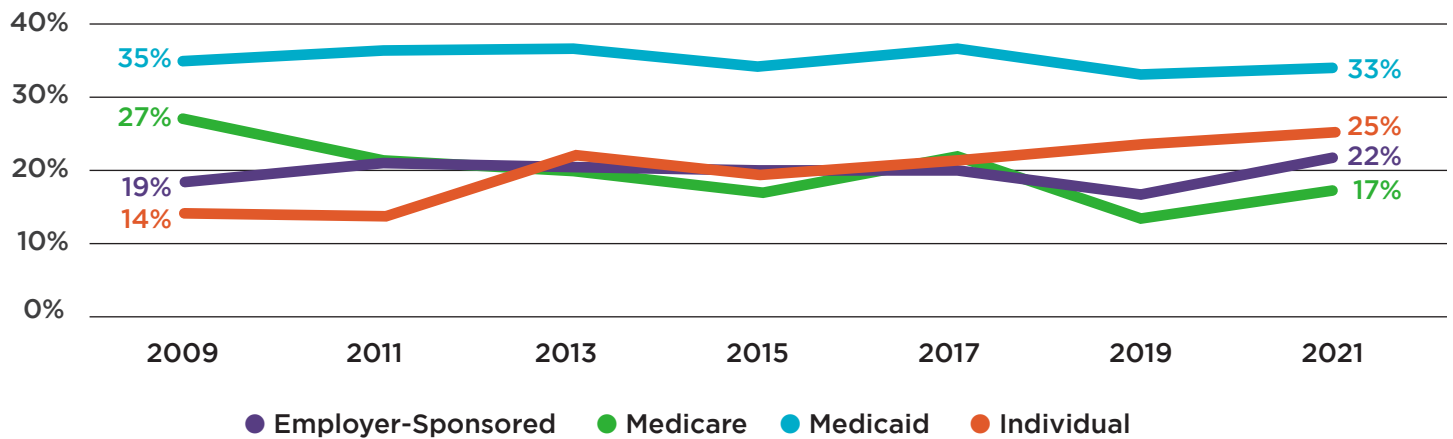
Responses to the CHAS suggest that dental providers who accept Medicaid are operating throughout Colorado, but not all have been accepting new patients.<sup>3</sup> Almost one in 10 (9%) Medicaid enrollees with dental insurance reported not getting needed dental care in 2021 because clinics weren’t accepting new patients. This is more than four times higher than the number of Coloradans who have private dental insurance who reported this challenge.

Health literacy — the extent to which people understand health information, such as benefits and services — is also a challenge. Low oral health literacy is associated with poorer health outcomes and avoidance of dental care.<sup>4</sup> Misconceptions around dental benefits likely affect people’s perception of dental care costs and access.

**Figure 1. Percentage of Coloradans Who Reported Not Visiting a Dental Provider in the Past 12 Months, 2009-2021**



**Figure 2. Percentage of Coloradans Who Have Dental Insurance and Reported Not Visiting a Dental Provider in the Past 12 Months, by Insurance Type, 2009-2021**



About 7% of Coloradans with any type of dental insurance reported not visiting a dental provider in 2021 because they did not understand their benefits. This challenge was more acute among people enrolled in Medicaid. One in seven (14%) people enrolled in Medicaid and CHP+ reported not understanding their dental benefits as a barrier to visiting a dental provider (see Figure 3).

Coloradans were more likely to report seeking physical health care than oral health care in 2021. About 75% of Coloradans reported visiting a general doctor in the past 12 months, compared to 67% who reported visiting a dental provider. The gap between physical health and oral health care utilization was highest among Medicaid enrollees (75% visited a general doctor, while 59% visited a dental provider).

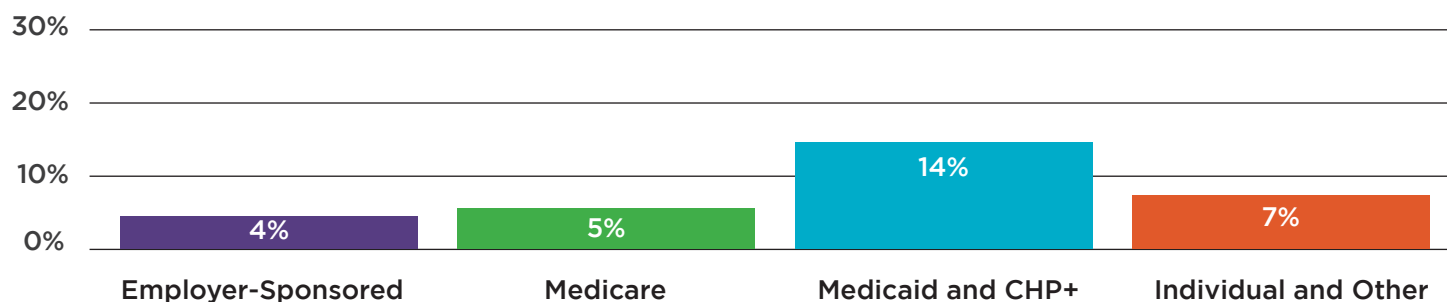
Policy changes that improved access to oral health care for Medicaid enrollees, such as Medicaid expansion through the Affordable Care Act in 2014 and an increase of the oral health benefit to \$1,500

per member in 2019, have not seemed to move the needle on utilization.<sup>5</sup> Only about 60% of people enrolled in Medicaid visited a dentist in the past year, a rate that hasn't changed much since 2013 (see Figure 2). However, fewer Medicaid enrollees are visiting the emergency room for dental emergencies. Since 2015, the number of Medicaid enrollees seeking emergency room services for dental emergencies has declined by 70%.<sup>6</sup> This suggests that expanded Medicaid coverage has provided needed services for those with dental emergencies.

About 16% of people enrolled in Medicaid said they did not have dental insurance coverage, despite all enrollees having dental coverage, according to the CHAS.

These findings raise the question: What do Coloradans, especially Medicaid enrollees, need to better understand their dental benefits?

**Figure 3. Percentage of Coloradans Who Have Dental Insurance and Reported Not Visiting a Dental Provider Because They Did Not Understand Their Dental Benefits, by Medical Insurance Type**



**Actions to consider:**

- Incentivize public primary care providers to offer more integrated care services to create additional opportunities for people to get dental care while receiving medical or behavioral health care.
- Increase the number of people receiving dental services within each regional accountable entity (RAE) by evaluating quarterly key performance indicators.
- Create Medicaid dental benefit information packets that are easy to understand and can be accessed online and by mail and offered in multiple languages when requested.
- Expand social media campaigns across different platforms and networks to improve oral health benefit literacy.

**Oral Health Coverage Across the Lifespan Varies**

The health of teeth, gums, and mouths affects overall health: 43% of those who reported poor oral health also reported poor general health. Yet, oral health care access and coverage is not uniform across the age spectrum.

Adults were less likely to report having dental insurance compared to children, 73% and 90% respectively. The lower coverage rates among adults suggest that dental insurance is harder to come by as people age. For example, basic Medicare plans do not cover most dental services like cleanings or fillings, which leaves many adults ages 65 and older without consistent dental care access. About 62% of Coloradans ages 61 and older have dental insurance coverage, lower than the 77% of adults ages 18 to 60 who have coverage.

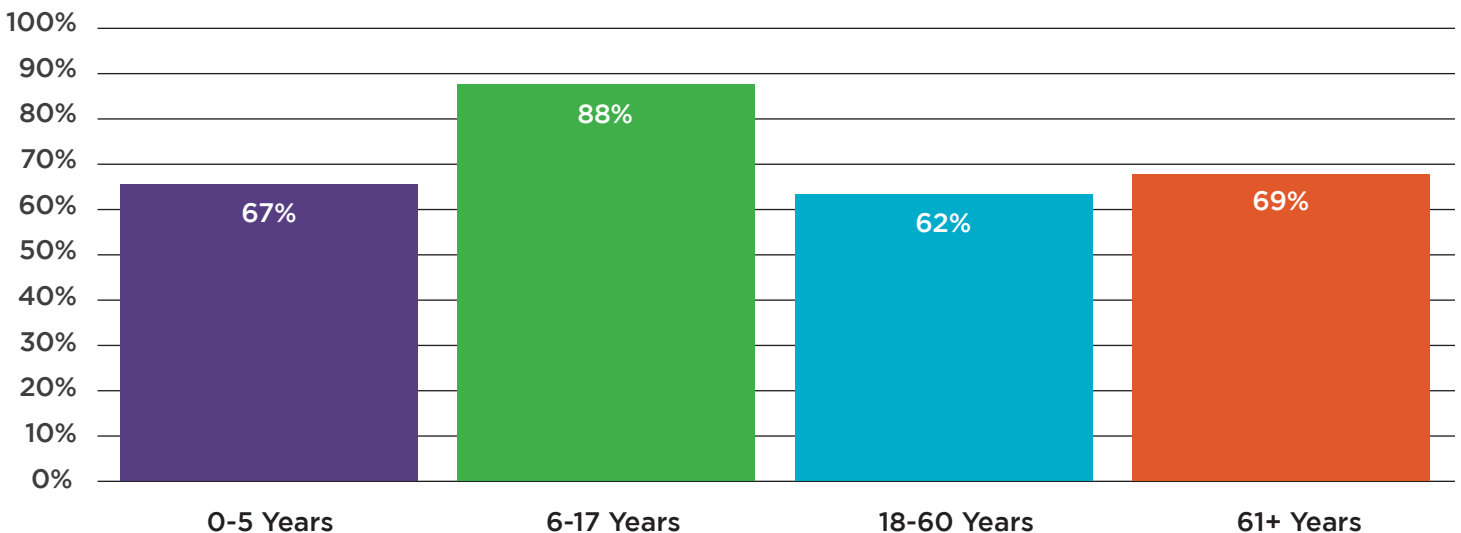
Limited dental insurance coverage may have affected oral health care access and use among adults and young children. About 88% of children ages 6 to 17 visited a dental provider in 2021, compared to 62% of adults ages 18 to 60 and 67% of children under age five (see Figure 4).

These data raise the question: What opportunities or resources do adults and parents of young children need to visit a dental provider once a year?

**Actions to consider:**

- Collaborate with the Colorado Department of Human Services Office of Early Childhood to focus on oral health access among young children and families in the universal pre-K program.
- Advocate for federal changes to Medicare plans that include basic dental coverage for older adults.
- Increase/improve oral health benefit education to older adults who are dually enrolled in Medicaid and Medicare.
- Increase initiatives to educate adults and medical providers about the importance of oral health throughout the lifetime and during specific stages of life, such as pregnancy.
- Expand access to models including early childhood providers, parents, school-based health center staff, and direct care workers (personal care aides and certified nursing assistants) to be certified in dental tasks, such as administering fluoride, to youth and adults.

**Figure 4. Percentage of Coloradans Who Reported Visiting a Dental Provider, by Age**



## Social and systems factors are barriers to Coloradans of color seeking oral health care.

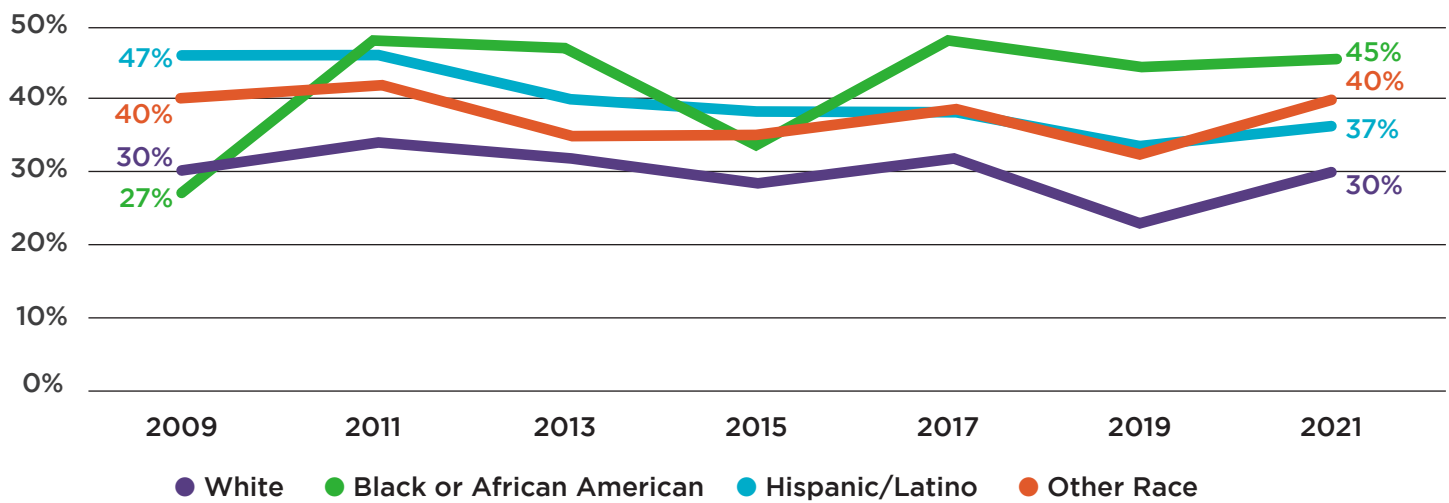
Not all Coloradans have equal access to oral health care. People of color have fewer opportunities to visit a dental provider due to access barriers and systemic challenges.<sup>7,8</sup>

In almost every Colorado Health Access Survey since 2009, Hispanic/Latino, Black or African American, and Coloradans of another race were less likely to report visiting a dental provider than white Coloradans (see Figure 5).

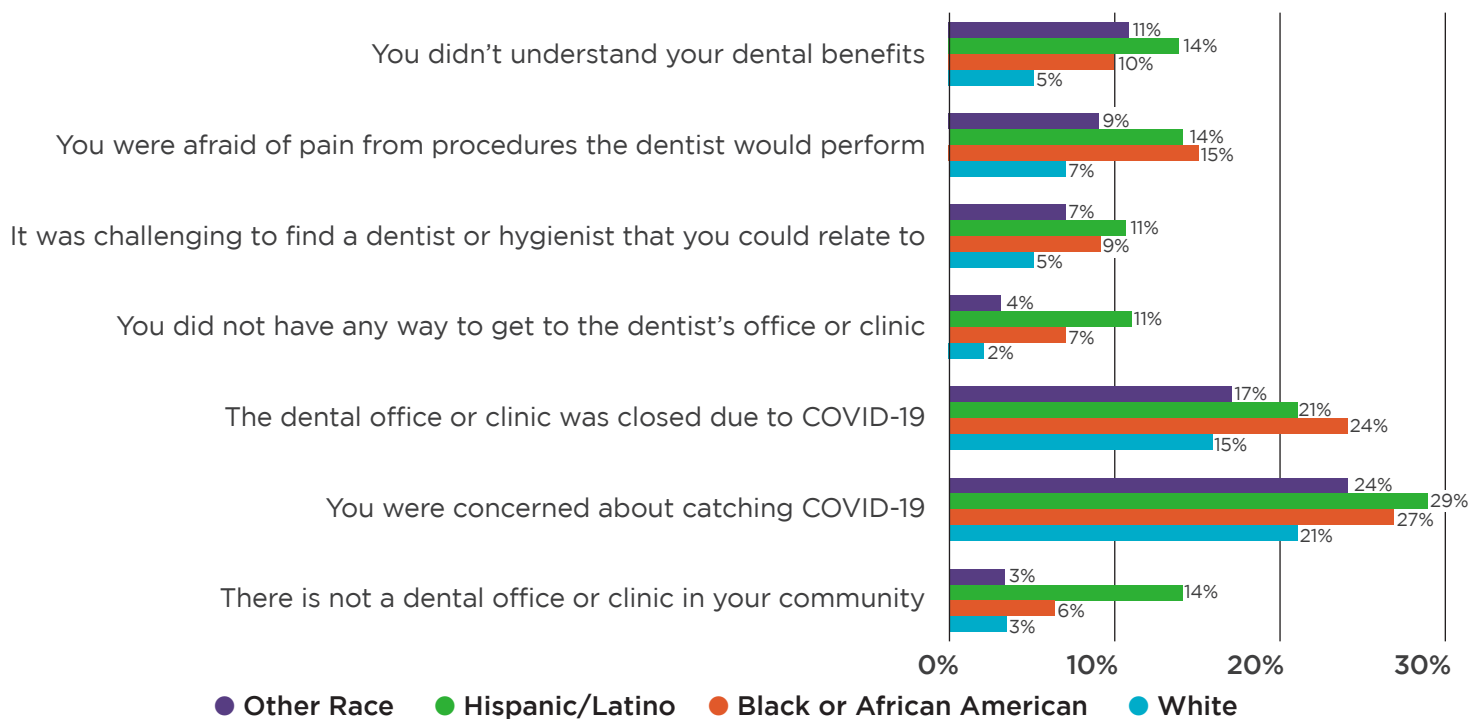
In 2021, Hispanic/Latino and Black or African American Coloradans were more likely to report barriers to visiting a dental provider compared to white Coloradans (see Figure 6).

Notably, Black or African American and Hispanic/Latino Coloradans had a much harder time than white Coloradans in getting to a clinic, either because they lacked transportation or because there was no clinic in their neighborhood. This reflects a historic pattern of disinvestment in neighborhoods where more people of color live.

**Figure 5. Percentage of Coloradans Who Did Not Visit a Dental Provider in the Past 12 Months, by Race/Ethnicity, 2009-2021**



**Figure 6. Barriers to Accessing Oral Health Care, by Race/Ethnicity**





Factors inside the clinic also presented barriers to care for people of color, such as worry about oral pain or challenges finding a provider they could relate to. This points to the need for a racial and ethnically diverse oral health workforce and providers with the cultural sensitivity to earn the trust of their patients.

In addition to systemic challenges, mistrust of the health care system is more common among people of color due to historic trauma.<sup>9</sup>

These findings raise the question: How should racial/ethnic disparities in accessing oral health care be addressed?

#### **Actions to consider:**

- Ramp up efforts to recruit people of color into the oral health field and offer loan repayments, application waivers, and other means of reducing barriers to accessing education and increasing opportunities for shared racial and ethnic identities between patients and providers.
- Entice providers to practice in areas with low dental access and use by offering subsidized housing or transportation vouchers.
- Require cultural competency training for oral health providers in public and private practices.
- Expand the oral health recruitment pipeline to include non-traditional methods, such as involving community leaders or community-based organizations in outreach efforts.
- Expand the dental career ladder to integrate more provider types into the workforce, such as oral health navigators and dental therapists, who can increase the amount of effective and efficient oral health care given to Coloradans.

### **Shared racial and ethnic identities between patients and providers**

Racial/ethnic concordance, or shared racial/ethnic identities, significantly increases the likelihood of seeking preventative care for Hispanic/Latino, Black and African American, and Asian patients relative to white patients. Race/ethnicity concordance also increases the likelihood that Hispanic/Latino and Asian patients visit their provider for new health problems and is also associated with an increase in the likelihood that patients continue to visit their provider for ongoing medical problems.<sup>10</sup>

Black and African American and Hispanic/Latino patients with providers of the same race are more likely to rate their provider as excellent, report receiving preventative care, and report receiving any medical care in the past year. They are also more likely to be satisfied with their health care overall.<sup>11</sup>

## **Looking ahead**

Moving the needle on oral health care utilization is hard work. As the coronavirus pandemic continues into 2022, Coloradans are still adapting to new routines for engaging with medical and dental providers. Improving access to dental care for all Coloradans will involve better communication of consumer dental benefits and policy changes that reduce access barriers, address structural racism, and provide affordable coverage options across the age spectrum.

## Endnotes

- <sup>1</sup> Colorado Health Institute. (2021). "Delta Dental of Colorado Foundation 2020 Evaluation Report.
- <sup>2</sup> Colorado Health Institute. (2021). "Delta Dental of Colorado Foundation 2020 Evaluation Report.
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- <sup>5</sup> Department of Health Care Policy and Financing. (2021). "Health First Colorado Dental Benefits". Retrieved from: <https://hcpf.colorado.gov/dental-benefits>
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- <sup>7</sup> Centers for Disease Control. (2021). "Disparities in Oral Health". Retrieved from: [https://www.cdc.gov/oralhealth/oral\\_health\\_disparities/index.htm](https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm)
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- <sup>9</sup> The Commonwealth Fund. (2021). "Understanding and Ameliorating Medical Mistrust Among Black Americans". Retrieved from: <https://www.commonwealthfund.org/publications/newsletter-article/2021/jan/medical-mistrust-among-black-americans>
- <sup>10</sup> Ma, A., Sanchez, A., & Ma, M. (2019). The impact of patient-provider race/ethnicity concordance on provider visits: updated evidence from the Medical Expenditure Panel Survey. *Journal of racial and ethnic health disparities*, 6(5), 1011-1020.
- <sup>11</sup> Saha, S., Komaromy, M., Koepsell, T. D., & Bindman, A. B. (1999). Patient-physician racial concordance and the perceived quality and use of health care. *Archives of internal medicine*, 159(9), 997-1004.

## COLORADO HEALTH ACCESS SURVEY 2021

The Colorado Health Access Survey (CHAS) is the premier source of information about health insurance coverage, access to health care, use of health care services, and the social factors that influence health in Colorado. The biennial survey of more than 10,000 households has been conducted since 2009. Survey data are weighted to reflect the demographics and distribution of the state's population. The 2021 CHAS was fielded between February 1 and June 7, 2021. The survey was conducted in English and Spanish. New questions were added to the 2021 survey to capture the impact of the COVID-19 pandemic as well as the impact of telehealth, social factors, and other topics. The survey is developed, analyzed, and managed by the Colorado Health Institute (CHI). CHI contracts with NORC at the University of Chicago to conduct the survey. Visit [colo.health/CHAS21](https://colo.health/CHAS21) for information on the 2021 CHAS and its generous sponsors.

